

City of Midland
Contractor Safety Qualification Statement

APPENDIX XII

Description of work or job name: _____ Contract No.: _____

Contract Company: _____ Owner/CEO: _____ Phone: _____

Safety Officer: _____ Title: _____ Phone: _____

Contractor experience modification rate (EMR): _____ OSHA Recordable Injury Incident Rate (past year): _____

We have received a written copy of and agree to follow the requirements of the City of Midland's "Contractor Safety Program:"
Yes ☐ No ☐ Comments: _____

We have an active written safety program which will be provided to City representatives upon request.
Yes ☐ No ☐ Comments: _____

We understand the essential requirements of the following applicable safety regulations and agree to make a good faith effort to follow them. We further certify that these applicable regulations are readily accessible to employees:

	Yes	N/A		Yes	N/A
a. Use of reflective safety vests	<input type="checkbox"/>	<input type="checkbox"/>	h. Welding and cutting	<input type="checkbox"/>	<input type="checkbox"/>
b. Confined space entry	<input type="checkbox"/>	<input type="checkbox"/>	i. Hazard communication ("right-to-know")	<input type="checkbox"/>	<input type="checkbox"/>
c. Control of hazardous energy	<input type="checkbox"/>	<input type="checkbox"/>	j. Alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>
d. Elevated work	<input type="checkbox"/>	<input type="checkbox"/>	k. Bloodborne pathogens	<input type="checkbox"/>	<input type="checkbox"/>
e. Excavations, trenches & shoring	<input type="checkbox"/>	<input type="checkbox"/>	l. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>
f. Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	m. Other applicable regulations:		
g. Work area protection and traffic control	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
			_____	<input type="checkbox"/>	<input type="checkbox"/>

Project-specific concerns of applicable safety regulations and safety control measures will be discussed and documented at the pre-project meeting with City representatives.

Important! The City reserves the right to request verification, in writing, of the contractor's current safety program, training and certification records, and emergency response plans as applicable to the work being done.

Other comments: _____

We attest that the above information is true to the best of our knowledge and can be substantiated if requested.

Contract Representative: _____

Title: _____ Date: _____

MI Contractor's License No. (if applicable): _____

Received by:

Contracting Dept.: _____

Name: _____ Date: _____

Original to: Contracting Department
Copy to: Contractor

To be completed at pre-project meeting along with City contract representative.

Project name: _____ Date: _____

***Safety Concerns of the Job** (check all that apply)

1. <input type="checkbox"/> Traffic control*	9. <input type="checkbox"/> Welding and cutting
2. <input type="checkbox"/> Hazardous energy	10. <input type="checkbox"/> Bloodborne infectious diseases
3. <input type="checkbox"/> Excessive noise	11. <input type="checkbox"/> Chemical exposures**
4. <input type="checkbox"/> Hazardous chemicals	12. <input type="checkbox"/> Trenching/excavations
5. <input type="checkbox"/> Falling objects	13. <input type="checkbox"/> Eye hazards
6. <input type="checkbox"/> Confined space	14. <input type="checkbox"/> Foot hazards
7. <input type="checkbox"/> Elevated work	15. <input type="checkbox"/> Hand hazards
8. <input type="checkbox"/> Respiratory hazards	16. <input type="checkbox"/> Other: _____

* Must attach traffic control plan

**** Must have copies of MSDSs for all hazardous chemicals on-site.**

[illegible]